PARK MANOR HEALTH CARE CENTER

1824 EAST PARK PLACE

Ownership: MILWAUKEE 53211 Phone: (414) 961-1115 Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 104 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 87 Average Daily Census: 80

| Services Provided to Non-Residents | Age, Sex, and Primary Diagn | | % | | | | | | | |
|--|-----------------------------|----------------------------|-------|----------------|-------|---------------------------|--------------|--|--|--|
| Home Health Care Supp. Home Care-Personal Care | No No | Primary Diagnosis | % | Age Groups | 90 | Less Than 1 Year | 36.8 54.0 | | | |
| Supp. Home Care-Household Services | No | • | | Under 65 | 29.9 | | 9.2 | | | |
| Day Services | No | Mental Illness (Org./Psy) | | 1 65 - 74 | 21.8 | • | | | | |
| Respite Care | No | Mental Illness (Other) | | 75 - 84 | 20.7 | • | 100.0 | | | |
| Adult Day Care | No | | | 85 - 94 | | ******************** | **** | | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 12.6 | 95 & Over | 10.3 | Full-Time Equivalent | | | | |
| Congregate Meals | No | Cancer | 1.1 | | | Nursing Staff per 100 Res | Residents | | | |
| Home Delivered Meals | No | Fractures | | | | (12/31/02) | | | | |
| Other Meals | No | Cardiovascular | 13.8 | 65 & Over | 70.1 | | | | | |
| Transportation | No | Cerebrovascular | 8.0 | | | RNs | 8.7 | | | |
| Referral Service | No | Diabetes | 6.9 | Sex | % | LPNs | 12.1 | | | |
| Other Services | No | Respiratory | 6.9 | | | Nursing Assistants, | | | | |
| Provide Day Programming for | | Other Medical Conditions | 0.0 | Male | 34.5 | Aides, & Orderlies | 39.1 | | | |
| Mentally Ill | Yes | | | Female | 65.5 | | | | | |
| Provide Day Programming for | | | 100.0 | | | | | | | |
| Developmentally Disabled | Yes | | | | 100.0 | | | | | |
| ******* | *** | ******** | ***** | ****** | ***** | ******** | ***** | | | |

Method of Reimbursement

| | | edicare | | | edicaid itle 19 | | | Other | | | Private Pay | | | amily Care | | | anaged Care | | | |
|--------------------|------|------------------|---------------------|-----|--------------------|---------------------|-----|-------|---------------------|-----|----------------|---------------------|-----|---------------|---------------------|-----|----------------|---------------------|-------------------------|-------|
| Level of Care | No. | o _l o | Per Diem (\$) | No. | Ŷ | Per Diem (\$) | No. | % | Per Diem (\$) | No. | olo | Per Diem (\$) | No. | olo | Per Diem (\$) | No. | 0/0 | Per Diem (\$) | Total Resi- dents | Of |
| Int. Skilled Care | 0 | 0.0 | 0 | 3 | 4.1 | 141 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 3 | 3.4 |
| Skilled Care | 5 | 100.0 | 263 | 50 | 67.6 | 121 | 5 | 100.0 | 121 | 3 | 100.0 | 145 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 63 | 72.4 |
| Intermediate | | | | 8 | 10.8 | 100 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 8 | 9.2 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | | | | 13 | 17.6 | 167 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 13 | 14.9 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 5 | 100.0 | | 74 | 100.0 | | 5 | 100.0 | | 3 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 87 | 100.0 |

PARK MANOR HEALTH CARE CENTER

| ******** | ***** | ****** | ****** | **** | ***** | ****** | ***** |
|--------------------------------|-------|---|---------------|--------|----------------|------------------------------|-----------|
| Admissions, Discharges, and | 1 | Percent Distribution | of Residents' | Condit | ions, Services | , and Activities as of $12/$ | 31/02 |
| Deaths During Reporting Period | 1 | | | | | | |
| | 1 | | | 9 | % Needing | | Total |
| Percent Admissions from: | 1 | Activities of | 8 | Ass | sistance of | % Totally | Number of |
| Private Home/No Home Health | 11.6 | Daily Living (ADL) | Independent | One | Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathing | 10.3 | | 47.1 | 42.5 | 87 |
| Other Nursing Homes | 21.7 | Dressing | 10.3 | | 47.1 | 42.5 | 87 |
| Acute Care Hospitals | 62.3 | Transferring | 10.3 | | 47.1 | 42.5 | 87 |
| Psych. HospMR/DD Facilities | 1.4 | | 10.3 | | | 42.5 | 87 |
| Rehabilitation Hospitals | 2.9 | Eating | 13.8 | | 66.7 | 19.5 | 87 |
| Other Locations | 0.0 | * | ***** | ***** | ***** | ***** | ***** |
| Total Number of Admissions | 69 | Continence | | % | Special Trea | tments | % |
| Percent Discharges To: | 1 | Indwelling Or Extern | al Catheter | 14.9 | | Respiratory Care | 2.3 |
| Private Home/No Home Health | 8.9 | Occ/Freq. Incontinen | it of Bladder | 49.4 | Receiving | Tracheostomy Care | 2.3 |
| Private Home/With Home Health | 19.6 | Occ/Freq. Incontinen | nt of Bowel | 41.4 | Receiving | Suctioning | 2.3 |
| Other Nursing Homes | 7.1 | | | | Receiving | Ostomy Care | 2.3 |
| Acute Care Hospitals | 10.7 | Mobility | | | Receiving | Tube Feeding | 16.1 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restraine | ed | 2.3 | Receiving | Mechanically Altered Diets | 43.7 |
| Rehabilitation Hospitals | 0.0 | | | | | | |
| Other Locations | 3.6 | Skin Care | | | Other Reside | nt Characteristics | |
| Deaths | 50.0 | With Pressure Sores | | 9.2 | Have Advan | ce Directives | 100.0 |
| Total Number of Discharges | | With Rashes | | 3.4 | Medications | | |
| (Including Deaths) | 56 | | | | Receiving | Psychoactive Drugs | 65.5 |

| *************************************** | | | | | | | | | | |
|--|----------|---------------------|---------|-------|---------|------------|---------|------------|-------|--|
| | | Owne | ership: | Bed | l Size: | Lic | ensure: | | | |
| | This | This Proprietary | | | -199 | Ski | lled | Al | 1 | |
| | Facility | Facility Peer Group | | Peer | Group | Peer Group | | Facilities | | |
| | % | % | Ratio | 용 | Ratio | 용 | Ratio | ଚ | Ratio | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 75.1 | 81.9 | 0.92 | 88.6 | 0.85 | 84.2 | 0.89 | 85.1 | 0.88 | |
| Current Residents from In-County | 100 | 83.1 | 1.20 | 85.4 | 1.17 | 85.3 | 1.17 | 76.6 | 1.30 | |
| Admissions from In-County, Still Residing | 46.4 | 18.8 | 2.47 | 18.6 | 2.49 | 21.0 | 2.21 | 20.3 | 2.28 | |
| Admissions/Average Daily Census | 86.3 | 182.0 | 0.47 | 203.0 | 0.42 | 153.9 | 0.56 | 133.4 | 0.65 | |
| Discharges/Average Daily Census | 70.0 | 180.8 | 0.39 | 202.3 | 0.35 | 156.0 | 0.45 | 135.3 | 0.52 | |
| Discharges To Private Residence/Average Daily Census | 20.0 | 69.3 | 0.29 | 76.5 | 0.26 | 56.3 | 0.36 | 56.6 | 0.35 | |
| Residents Receiving Skilled Care | 75.9 | 93.0 | 0.82 | 93.5 | 0.81 | 91.6 | 0.83 | 86.3 | 0.88 | |
| Residents Aged 65 and Older | 70.1 | 87.1 | 0.80 | 93.3 | 0.75 | 91.5 | 0.77 | 87.7 | 0.80 | |
| Title 19 (Medicaid) Funded Residents | 85.1 | 66.2 | 1.28 | 57.0 | 1.49 | 60.8 | 1.40 | 67.5 | 1.26 | |
| Private Pay Funded Residents | 3.4 | 13.9 | 0.25 | 24.7 | 0.14 | 23.4 | 0.15 | 21.0 | 0.16 | |
| Developmentally Disabled Residents | 17.2 | 1.0 | 17.94 | 1.0 | 17.12 | 0.8 | 21.47 | 7.1 | 2.43 | |
| Mentally Ill Residents | 33.3 | 30.2 | 1.10 | 28.5 | 1.17 | 32.8 | 1.02 | 33.3 | 1.00 | |
| General Medical Service Residents | 0.0 | 23.4 | 0.00 | 28.9 | 0.00 | 23.3 | 0.00 | 20.5 | 0.00 | |
| Impaired ADL (Mean) | 63.9 | 51.7 | 1.24 | 50.9 | 1.26 | 51.0 | 1.25 | 49.3 | 1.30 | |
| Psychological Problems | 65.5 | 52.9 | 1.24 | 52.9 | 1.24 | 53.9 | 1.21 | 54.0 | 1.21 | |
| Nursing Care Required (Mean) | 10.2 | 7.2 | 1.42 | 6.8 | 1.50 | 7.2 | 1.42 | 7.2 | 1.42 | |